Tr: smission Report

Date/Time Local ID Local Name Company Logo

1-17-02; 5:28PM 3604785380 BREMERTON FIRE DEPT

This document was confirmed. (reduced sample and details below) Document Size Letter-S

817 Pacific Avenue, Bremerton, WA 96337 Phones (380) 478-5213 Fac: (380) 478-7257

Bremerton Fire Dept.



The	Courtney Wasson	Proens	Janet Lunceford	
Pava	(253) 926-8956	Pagest	3	·····
Phone		Date	01/17/2002	
Rec	Certificate of insurance	SEPA exemption GC:		☐ Please Recycle

Total Pages Scanned : 3 Total Pages Confirmed : 3

No.	Doc	Remote Station	Start Time	Duration	Pages	Mode	Comments	Results
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Notes :

EC: Error Correct

BC: Broadcast Send CP: Completed

HS: Host Scan

HF: Host Fax

RE: Resend

MP: Multi-Poll

RM: Receive to Memory

HP: Host Print HR: Host Receive

PD: Polled by Remote

PG: Polling a Remote DR: Document Removed

FO: Forced Output

PI: Power Interruption TM: Terminated by user WT: Waiting Transfer

FM: Forward Mailbox Doc. WS: Waiting Send

MB: Receive to Mailbox



To:	Courtney Wasson			From:	Janet Lunceford		
Fax: (253) 926-8956		Pages:	3				
Phone	e :			Date:	01/17/2002		
Re:	Certificate of Insurance/SEPA exemption			cc:	restrict the control of the control		
□ Urg	gent 🛘 For Review 🗘 Please Com			ment	☐ Please Reply	☐ Please Recycle	
		•		•	requested regarding	the property at 1701	

ન	ACORD CEDI	TIFICA E OF L	IARII ITV II	MOLIT VI	VCE	DATE (MM/DD/YY)			
						12/06/2001			
PRODUCER (253)272-1151 FAX (253)272-1225 THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATIO ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE									
	ntschell & Associates	, Inc.	HOLDER. 1	HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR					
	ne Pacific Building	400	ALIER IHI	ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.					
621 Pacific Ave., Suite 400 Tacoma, WA 98402				INSURERS AFFORDING COVERAGE					
INSU	RED Buckley Recycle Co	enter, Inc.	INSURER A:	INSURER A: West American Insurance Co. (Ohio Cas)					
	P 0 Box 2330		INSURER B:						
	Buckley, WA 98321		INSURER C:		·····	······································			
			INSURER D:						
			INSURER E:	INSURER E:					
	VERAGES	ED DEL OWING DEEN LOOKED TO	THE MOUDED MAKES ABO	WE SOR THE BOLLO	W DEDICE WOLLD TER US	THERMOTANDANO			
Al M Po	NY REQUIREMENT, TERM OR CON AY PERTAIN, THE INSURANCE AF OLICIES. AGGREGATE LIMITS SHO	ED BELOW HAVE BEEN ISSUED TO DITION OF ANY CONTRACT OR OT FORDED BY THE POLICIES DESCR WN MAY HAVE BEEN REDUCED B	THER DOCUMENT WITH RES IBED HEREIN IS SUBJECT T Y PAID CLAIMS.	SPECT TO WHICH TO O ALL THE TERMS,	HIS CERTIFICATE MAY BE EXCLUSIONS AND CONDI	ISSUED OR			
INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMI	TS			
	GENERAL LIABILITY	BKW0252881411	09/26/2001	09/26/2002	EACH OCCURRENCE	\$ 1,000,000			
	X COMMERCIAL GENERAL LIABILIT	Υ			FIRE DAMAGE (Any one fire)	\$ 100,000			
	CLAIMS MADE X OCCU	JR			MED EXP (Any one person)	\$ 5,000			
Α	X Employers Liab (St	:			PERSONAL & ADV INJURY	\$ 1,000,000			
					GENERAL AGGREGATE	\$ 2,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PE	R:	, '	İ	PRODUCTS - COMP/OP AGG	\$ 2,000,000			
	POLICY X PRO- JECT LO	c							
	AUTOMOBILE LIABILITY X ANY AUTO	BKW0252881411	09/26/2001	09/26/2002	COMBINED SINGLE LIMIT (Ea accident)	1,000,000			
Α	ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	\$			
^	X HIRED AUTOS NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$			
		_			PROPERTY DAMAGE (Per accident)	\$			
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$			
	ANY AUTO				OTHER THAN EA ACC	\$			
					AUTO ONLY: AGO	\$			
	EXCESS LIABILITY	BKW0252881411	09/26/2001	09/26/2002	EACH OCCURRENCE	\$ 1,000,000			
	X OCCUR CLAIMS MAD	≣			AGGREGATE	\$ 1,000,000			
Α						\$			
	DEDUCTIBLE					\$			
	RETENTION \$		``			\$			
	WORKERS COMPENSATION AND				WC STATU- OTH TORY LIMITS ER				
	EMPLOYERS' LIABILITY				E.L. EACH ACCIDENT	\$			
		1			E.L. DISEASE - EA EMPLOYE	\$			
					E.L. DISEASE - POLICY LIMIT	 \$			
	OTHER								
DESC	CRIPTION OF OPERATIONS/LOCATIONS	vehicles/exclusions added by en ditional insured for o	DORSEMENT/SPECIAL PROVISION	ons named insure	d performed on th	neir behalf.			
	criticate notaer is au	incronar mourea ron o	peractions of the	namea moare	a per formea on e				
CEF	CERTIFICATE HOLDER ADDITIONAL INSURED; INSURER LETTER: CANCELLATION								
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE								
				EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT,					
	CITY OF BREMERTON								
817 PACIFIC AVENUE BREMERTON, WA 98337				OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE					
				Larry Flynn/AJC					
ACC	ORD 25-S (7/97)	The state of the s	Larry Flyr	IN/AJC	<u> </u>	CORPORATION 1988			